

SUBMISSION FORM

Fill the form and return it signed to: Associació Clúster Audiovisual de Catalunya (Via Laietana 32-34, Barcelona).

Tax name: _____ NIF: _____
Business name: _____
Address: _____
City & Country: _____
Phone: _____
Website: _____

CONTACT PERSONS AS REPRESENTATIVES IN THE CLUSTER:

Name: _____	Position _____
E-mail: _____	Phone: _____
Name: _____	Position _____
E-mail: _____	Phone: _____
Name: _____	Position: _____
E-mail: _____	Phone: _____

CONTACT PERSONS AS ADMINISTRATIVE STAFF:

Name: _____	Position _____
E-mail: _____	Phone: _____

FEES:

The amount of the Audiovisual Clusters' membership fee, which is collected annually by direct debit, is determined on the basis of the turnover of each company

- ☐ 365€ (<500.000 €)
- ☐ 600€ (500.000-1M €)
- ☐ 1200€ (1-5M €)
- ☐ 2400€ (>5 M €)
- ☐ 500€ (universities and associations)

In the case of wanting to process the cancellation for the following year, it must be formalized before January 15.

COMPANY ACTIVITY _____

The members of Catalan Audiovisual Cluster are formally committed to complying in a timely manner with the payment of the established fees, as well as to look after the interests and objectives of the Association.

SIGNED BY: _____**DATE:** ____/____/____